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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,987	03/31/2004	Yi Yan Yang	6565-68316-01/RJP	7283
	7590 04/23/200 SPARKMAN, LLP	8	EXAMINER	
121 SW SALMON STREET			AHMED, HASAN SYED	
SUITE 1600 PORTLAND, OR 97204			ART UNIT	PAPER NUMBER
			1618	
			MAIL DATE	DELIVERY MODE
			04/23/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summary	10/815,987	YANG ET AL.	
Interview Summary	Examiner	Art Unit	
	HASAN S. AHMED	1618	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>HASAN S. AHMED</u> .	(3)		
(2) <u>Richard J. Polley</u> .	(4)		
Date of Interview: 21 April 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	<b>;</b> ]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicants' representative</u> <u>application</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action	Examiner's signature, if requi	red	

Application No.

Applicant(s)